

**COMMISSION ON LEGAL COUNSEL FOR INDIGENTS
REQUEST TO ASSIGN CASE TO APPELLATE ATTORNEY**

Name of Requesting Attorney _____ Phone: _____

Address: _____ Fax No: _____

Defendant/Respondent Name: _____

Type of Matter: _____ Appeal _____ Post-Conviction _____ Appeal of Post-Conviction

County: _____

Case No(s): _____ Charge(s): _____ Severity Level: _____

Case No(s): _____ Charge(s): _____ Severity Level: _____

Case No(s): _____ Charge(s): _____ Severity Level: _____

Case No(s): _____ Charge(s): _____ Severity Level: _____

Pending Deadlines: _____ for: _____

Present status of case/ any post-conviction filings: _____

Requested Assistance: _____

Reason for Request: _____

The Defendant/Respondent is in custody **YES**____ **NO**_____.

The Defendant/Respondent may be located at _____

****Notice of Appeal has been Filed** **NO**____ **YES**____

****Transcript has been ordered** **NO**____ **YES**____

Send or Fax to the Commission (701) 845-8633, along with copies of the Notice of Appeal and Request for Transcript

I, Robin Huseby and/or Jean Delaney, do hereby **GRANT**____ **DENY**____ this request to assign case to an appellate attorney.

Dated this _____ day of _____, 200__.

Appellate Attorney Assigned: _____

Address: _____

Phone: _____ Fax: _____

This notice shall be mailed or faxed to the requesting counsel, assigned counsel, defendant, Clerk of the District Court and, if applicable, Clerk of the Supreme Court.

Date Closed _____ Case Hours _____ Travel Hours _____